



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, ASB TOWER 970  
 P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: 587-0460 FAX: 587-0470  
 email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) Waiters	(First) Joann	(Middle)	TELEPHONE 202-624-2177
MAILING ADDRESS (Street) 101 Constitution Avenue, NW, Suite 700			FAX 202-572-4858
(City) Washington	(State) DC	(Zip Code) 20001	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Council of Life Insurers			TELEPHONE 202-624-2177
MAILING ADDRESS (Street) 101 Constitution Avenue, NW, Suite 700			FAX 202-572-4858
(City) Washington	(State) DC	(Zip Code) 20001	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Joann Waiters			TELEPHONE 202-624-2177
MAILING ADDRESS (Street) 101 Constitution Avenue, NW, Suite 700			FAX 202-572-4858
(City) Washington	(State) DC	(Zip Code) 20001	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development                          |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation  |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)                                  |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | Life Ins., Annuities<br>Group Health, Long-Term Care<br>Insurance, Disability Income<br>Ins. |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

Joann Waiters (Signature of Lobbyist)      5/14/07 (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
J. Bruce Ferguson		Senior Vice President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Council of Life Insurers		202-624-2385	
MAILING ADDRESS (Street)		FAX	
101 Constitution Avenue, NW, Suite 700		202-572-4755	
(City)	(State)	(Zip Code)	
Washington	DC	20001	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
<u>J. Bruce Ferguson</u>		<u>5.15.07</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	